UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: EARNETTE HARPER	Case No. 15-17344
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 05/15/2015.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 07/29/2015.
 - 6) Number of months from filing to last payment: 0.
 - 7) Number of months case was pending: 5.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$0.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$0.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$0.00

\$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$0.00

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor	Cl	Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
Centurylink Formerly Qwest	Unsecured	168.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	1,243.00	2,018.40	2,018.40	0.00	0.00
City of Chicago Dept of Revenue	Unsecured	420.00	NA	NA	0.00	0.00
Comcast	Unsecured	191.00	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Unsecured	621.00	NA	NA	0.00	0.00
COMMUNITY CARE NETWORK INC	Unsecured	NA	720.82	720.82	0.00	0.00
COMMUNITY HEALTHCARE SYS	Unsecured	1,162.00	NA	NA	0.00	0.00
FOUNDATION FOR EMERGENCY	Unsecured	37.00	NA	NA	0.00	0.00
ILLINOIS COLLECTIONS SERVICE	Unsecured	75.00	NA	NA	0.00	0.00
Illinois Eye Institute	Unsecured	40.00	NA	NA	0.00	0.00
ST CATHERINE HOSPITAL	Unsecured	1,723.00	2,611.07	2,611.07	0.00	0.00
ST FRANCIS HOSPITAL	Unsecured	10,750.00	NA	NA	0.00	0.00
THE CATHOLIC CHARITIES	Unsecured	3,198.00	NA	NA	0.00	0.00
UNIVERSAL ACCEPTANCE CORP	Secured	324.00	NA	NA	0.00	0.00
UNIVERSAL ACCEPTANCE CORP	Unsecured	7,300.00	7,624.00	7,624.00	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$12,974.29	\$0.00	\$0.00
	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$0.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$0.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 10/28/2015	By:/s/ Tom Vaughn	
	Trustee	

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.